# 2015-16
# Annual Report
## of the Office of the Seniors Advocate

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA
www.seniorsadvocatebc.ca
1-877-952-3181

OFFICE OF THE
**SENIORS** ADVOCATE
BRITISH COLUMBIA

June 2016

The Honourable Terry Lake
Minister of Health
PO Box 9050 STN PROV GOVT
Victoria BC V8W 9E2

Dear Minister Lake,

It is my pleasure to present the 2015/16 Annual Report of the Office of the Seniors Advocate in accordance with Section 4(4) of the *Seniors Advocate Act*.

This document is the second annual report from the Office of the Seniors Advocate and reports on the period of April 1, 2015 to March 31, 2016. It also describes some of the current and future activities underway and planned for the Office of the Seniors Advocate for the period of April 1, 2016 to March 31, 2017.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

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OFFICE OF THE
**SENIORS** ADVOCATE

# Message from the Seniors Advocate

As the Office of the Seniors Advocate continues to evolve, we saw continued activity on a number of fronts in the 2015/16 year. The office's work reporting on systemic issues affecting seniors continued and our mandated requirement to monitor seniors' services began. In the midst of this work, we continued to support seniors and their caregivers through our information and referral services and worked to raise awareness of seniors' issues based on the important feedback we continue to hear from seniors from across the province.

This report will serve to highlight the range of initiatives my office has undertaken this past year including:

- The release of our first systemic housing report, *Seniors Housing in B.C., Affordable, Appropriate, Available*. This report highlighted a number of systemic challenges, and resulted in 18 recommendations to government.
- The release of our report, *Caregivers in Distress: More Respite Needed*, in which evidence confirmed that one-third of unpaid caregivers in B.C. are in distress, one of the highest rates in Canada.
- The completion of the B.C. Residential Care Quick Facts Directory, an online resource that is a compilation of information in a standardized format for 292 publicly-funded residential care facilities.
- The release of the Office of the Seniors Advocate's first *Monitoring Seniors' Services* report, which included information and trends highlighting where seniors' needs are being met and where improvements are needed.
- Ongoing survey activities with the completion of the OSA's survey of 22,000 home support clients and planning for the office's survey of 27,000 individuals in residential care, to be completed in the 2016/17 fiscal year.
- Ongoing public awareness campaigns aimed at key areas including increasing awareness of MSP Premium Assistance among low-income seniors.

Throughout our work, we have been encouraged by the progress of the Province in responding to the issues we have raised. For example, this past year, significant changes that would allow seniors to live in Assisted Living longer, were introduced by the Ministry of Health, a key recommendation in our housing report. The Province also made efforts to address the issues

seniors face with regard to income pressures related to MSP premiums by increasing the number of seniors who will qualify for a subsidy and dedicating efforts to promoting awareness of MSP Premium Assistance. I am optimistic that we will continue to address additional cost pressures low-income seniors face in the year ahead.

As always, this past year I was privileged to be guided in my work by my 30-member Council of Advisers, a group of diverse and engaged seniors from across the province who are the office's eyes and ears on the ground when it comes to hearing the unique challenges of seniors who live in varied communities in B.C.

I would also like to thank B.C.'s health authorities, government ministries and service providers for all their assistance in providing my office with data and information about seniors' services.

It has been a busy and productive year and I know the year ahead will bring many more opportunities to collaborate with all of you to ensure we are doing all that we can to serve the needs of seniors in this province.

My sincerest thanks,

Isobel Mackenzie

**Seniors Advocate**
**Province of British Columbia**

# Seniors Advocate Roles and Responsibilities

The Seniors Advocate works with seniors and key stakeholders (governments, community agencies, private organizations and advocacy groups) to identify and understand systemic issues, while retaining the ability to make independent and public recommendations for change. This unique collaborative approach strikes a balance between the need for independence and program oversight while retaining the ability to achieve system change.

## Statutory Authority

*Seniors Advocate Act*

- Appoint a Council of Advisers
- Identify work priorities, develop plans, and hire employees and outside experts
- Gather information from service providers
- Make independent recommendations to government and service providers
- Report to the public on any matter arising from the fulfillment of responsibilities

## Accountability

- Accountable to the people of British Columbia through a mandate prescribed in legislation
- Must report to the minister responsible for seniors (currently the Minister of Health) at least once each year on the activities of the office
- Duty to advise the minister, public officials, and other service providers about systemic challenges facing seniors and the need for changes to address those challenges

## Scope

- "Senior" is a British Columbia resident aged 65 or older, or less than 65 but receiving seniors' services
- Provide information and referral services to seniors, their caregivers and their families
- Identify and analyze systemic challenges faced by seniors and their families
- Monitor seniors' services related to health care, personal care, housing, transportation and income support
- Focus on systemic issues rather than individual advocacy or complaints; connect individuals to the appropriate body to resolve their issues

## Reporting

- Report to the public on any matter related to the fulfillment of responsibilities
- Provide annual report to the minister
- Regular communication with government and service providers for ongoing redress of issues where appropriate
- The minister may require the Advocate to report to the minister on specific matters

# Communication, Outreach and Engagement

Listening to seniors, their families, stakeholders, and service providers is an essential and foundational activity of the Office of the Seniors Advocate (OSA). The Seniors Advocate continued to travel across B.C. meeting with seniors this past year. From the Kootenays to Quesnel to Port Hardy thousands of seniors came out to town hall presentations in communities large and small and shared important feedback with the Advocate. This feedback touched on a wide range of seniors' issues, from concerns over home care services to transportation challenges in more rural and remote communities. Town halls will continue to be a fundamental pillar of the OSA's outreach activities in the coming year.

- **Town Halls: 13**

*Seniors Advocate 2015 Town Hall Meeting Kelowna*

Visiting sites where seniors live, receive care, and partake in community activities is also an important priority for the OSA. This past year the Advocate made a number of site visits, including to adult day programs, assisted living and residential care sites in different parts of the province, as well as to community centres. The Advocate also made several visits to emergency departments to observe the experiences of seniors.

- **Site Visits: 22**

The Advocate was asked to speak to a variety of community groups and organizations in 2015/16 on a range of topics including the mandate and role of the OSA, specific housing issues affecting seniors, legal challenges that seniors face, as well as presentations regarding the OSA's survey work. The presentations sometimes involved small grassroots groups and alternatively were at large provincial and national conferences. Examples of the Advocate's presentations include community events hosted by provincial MLAs, presentations to the BC Government Retired Employees Association, the Gerontological Nurses Association of BC, and the Surrey Board of Trade.

- **Community Presentations: 62**

The Seniors Advocate liaises with a diverse group of stakeholders to further develop understanding of the issues and challenges faced by seniors in B.C. She meets with stakeholders on an ongoing basis, including for example, the Alzheimer Society of BC, BC Centre for Elder Advocacy and Support, Community Living BC, Physiotherapy Association of BC, Residential Tenancy Branch, and unions including transit employee unions. The stakeholders met with represent the five areas of the OSA's mandate.

- **Stakeholder Meetings: 99**

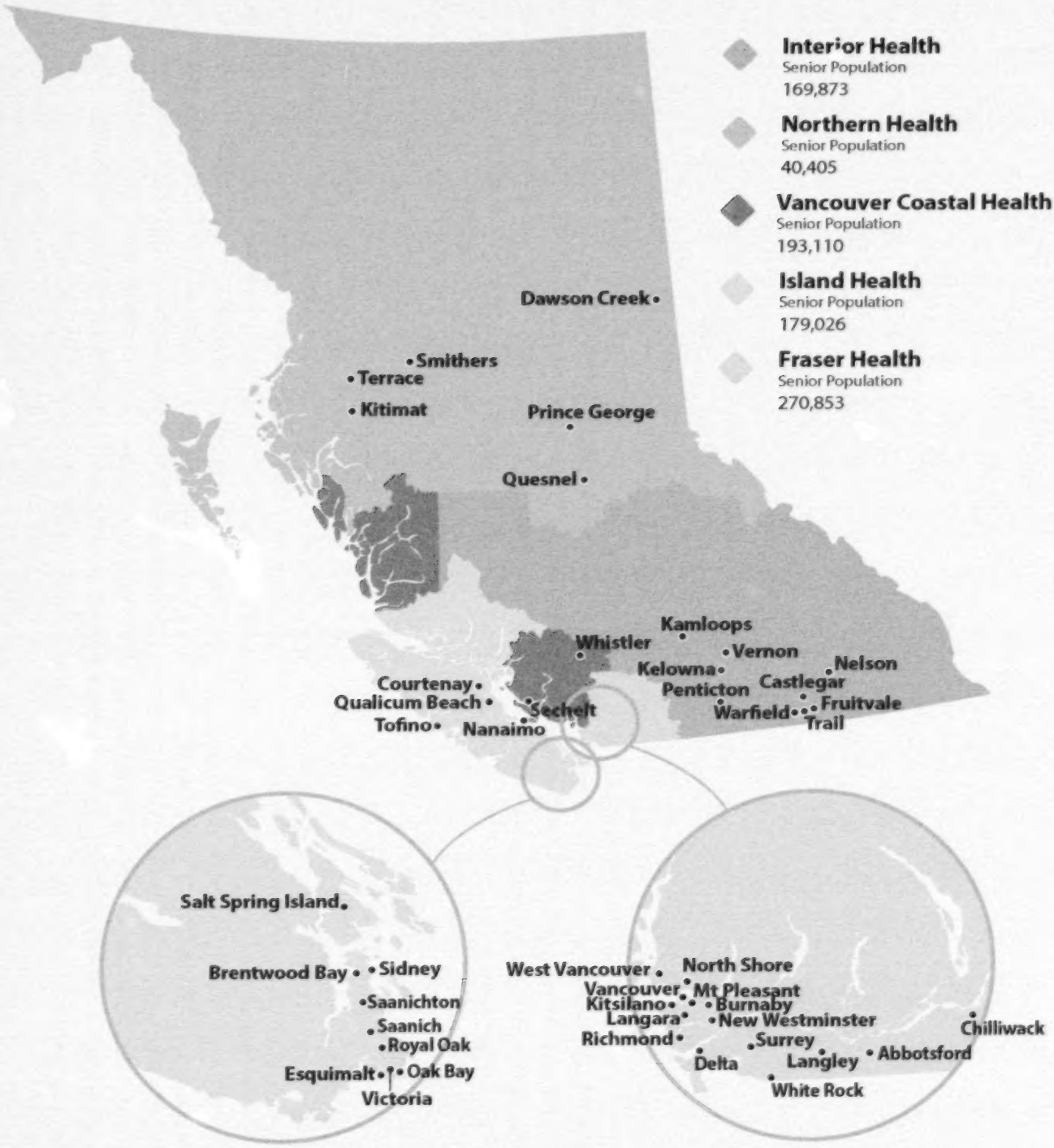
Understanding that the experiences of seniors vary widely depending on where they live, the Advocate continues to make a point of spending time in as many communities in B.C. as possible. Access to housing and community supports in rural versus urban areas varies widely. This year, communities visited included places such as Kitimat, Dawson Creek, and Nelson as well as a number of visits to communities in the Lower Mainland and on Vancouver Island.

- **Communities Visited: 45**

In order to underscore the OSA's independence from government, the office undertook a full re-branding process including a new logo and development of a unique website. In order to maximize accessibility, the site incorporates best practices for senior-friendly use including added space for enlarged fonts and easy-to-read contrast features. The site provides information regarding current reports and events, and highlights key information and resources for seniors and their caregivers regarding the Advocate's five mandated areas. Web traffic grew significantly over the year with particular interest in the OSA's reports and publications. The OSA also launched its own Facebook page which again is attracting a growing following as is the OSA's Twitter presence.

- **Website Visits: 16,024**

# Communities Visited in 2015/16



# Information and Referral

Information and referral responsibilities are set out under Section 3 of the *Seniors Advocate Act*. In particular, under Section 3(2), the Seniors Advocate is responsible for promoting awareness, by seniors, their caregivers and their families, of systemic challenges faced by seniors and of the resources available to seniors. Under Section 3(3), the Seniors Advocate is responsible for connecting individuals with specific complaints to appropriate individuals or agencies having jurisdiction to resolve those complaints.

While the key mandate of the OSA is to focus on systemic issues in B.C. that impact a large number of seniors, information and referral plays a critical and complementary role in the identification and dissemination of information on systemic challenges facing seniors.

## Methods of contact with the OSA

Members of the public have several avenues of access to the Office of the Seniors Advocate, including telephone, electronic media and mail. The toll-free phone line, 1-877-952-3181, is answered by an experienced information and referral analyst who handles telephone calls and other requests for information or referral and submissions of systemic issues. With extensive knowledge of seniors' resources, the OSA's information and referral service has been able to provide meaningful information and referral to seniors, their families, and the public.

From April 1, 2015 to March 31, 2016, the OSA received 9,142 telephone calls to the information and referral line. At present, 89% of contacts with the public are through the toll-free telephone line, 9% are by email, 1% are via the OSA website and 1% are by letter. The volume of contact with the OSA increases when a new report is released or the Advocate issues press releases about various issues that directly affect seniors.

**Telephone line: 1-877-952-3181**

- 9,142 phone calls
- Concerns raised:
  - **navigating the healthcare system**
  - **accessing home support**
  - **residential care bed wait times**
  - **pension issues**
  - **accessing seniors' rental subsidies**
  - **transportation barriers and costs**
  - **cost of dental, vision and medical supplies**
  - **application process for MSP premium assistance**

All contacts, by any method of communication, are documented and we are able to track and monitor information about these contacts, the area of concern, and our response and follow up. This information helps to identify the issues and concerns that are important to B.C. seniors and highlights possible areas to pursue further and to be considered for various reports. In January 2016, the eleventh edition of the BC Seniors Guide was released and made available to the public through the OSA. Over 2,000

seniors phoned the OSA requesting a guide. This provided an opportunity for seniors to connect with the OSA, share their concerns or issues and gain an understanding of the mandate and role of the Seniors Advocate.

Over half of all contacts relating to the Office of the Seniors Advocate's mandated areas were concerning health care services. Seniors and their families were seeking information, help or referral regarding home and community care services, residential care, the Medical Services Plan (MSP), PharmaCare, advance directives and the availability of family doctors. Other non-health related areas of concern were regarding affordable housing, tenancy issues, application for Guaranteed Income Supplement and Old Age Pensions and income supports, as well as transportation barriers.

In addition to contacting the Office of the Seniors Advocate with concerns specific to their own situation, individuals also contacted the OSA with systemic challenges facing seniors in relation to health care, housing, transportation, community supports, and income support.

Systemic themes around housing included the following: increasing housing and utility expenses, possible cancellation of the BC Hydro E-Plus rate agreement with many BC seniors, Co-operative Housing funding concerns, finding affordable housing, lack of awareness of housing subsidy and grant programs available to seniors, needing help with the complexity of housing subsidy applications, and timely access to a senior's preferred residential care facility.

Systemic concerns related to health care included a number of themes. Concerns regarding residential care included questions about staffing levels, monthly rates and use of medication. Home and community care concerns included issues around the level of services, especially home support services, as well as quality of care in hospitals and hospital discharge policies and processes. Tenancy issues for seniors living in assisted living were also a main concern.

Systemic themes relating to transportation were chiefly around the difficulty of securing reliable transportation to medical appointments, especially for seniors living in rural communities needing to travel significant distances to urban centres, the cost of driver medical examinations for seniors 80 years of age or older, the cost of the BC bus pass program, and limitations with HandyDART service.

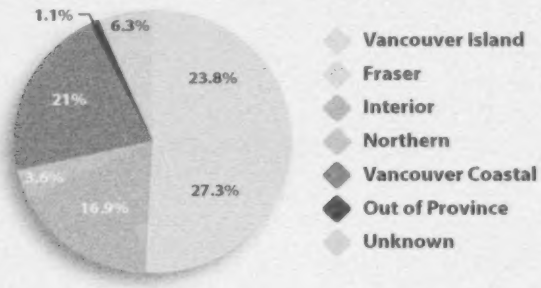
Systemic themes around community supports included challenges in securing funding for

housekeeping services for frail seniors on fixed incomes and the need for more support for caregivers in distress.

The major systemic themes around income support included issues about mandatory early collection of CPP by people on disability pensions, affording dental care, eyeglasses, medical supplies and equipment, legal aid, Power of Attorney agreements, the role of the Public Guardian and Trustee, and best practices for consumer protection for seniors.

Wherever possible, the location of the person contacting the OSA is captured and sorted by Health Authority geography. Contacts have the following provincial distribution:

### Contacts by Health Authority




## MSP Premium Assistance – How do I know if I qualify and how do I apply?

In our random survey of seniors conducted in 2015, we learned that only 39% of seniors were aware of the MSP premium assistance program and that many seniors who were eligible for MSP premium assistance were not applying for it.

In January 2016, the Seniors Advocate issued a news release reminding seniors of MSP premium assistance available to low-income seniors. Many seniors contacted the OSA for assistance in completing the MSP premium assistance application form.

The Seniors Advocate brought the issue of seniors not knowing about MSP premium assistance to the attention of the Minister of Health. In spring, 2016, the Ministry of Health launched an education campaign to make seniors aware of the subsidies available to them. In addition, the government increased the number of seniors who qualify for premium assistance by raising the income threshold effective in 2017.

*Mary is a senior who is sight impaired. She phoned the OSA office to request help in completing the application form for MSP premium assistance because she had difficulty seeing the form and understanding the requirements. She had the form, a magnifying glass and her income tax Notice of Assessment. The OSA guided her through the steps to fill out her application for regular premium assistance and staff informed her that based on the information she provided, it appeared that she would be eligible for 100% assistance. Further discussion revealed that she would likely qualify for the retroactive six years of MSP rate reduction. Mary decided that she now understood the form and the numbers and she felt confident that she could complete the other application forms for retroactive premium assistance. She planned to take the completed forms to the Service BC office in her community to make sure they were mailed correctly to Health Insurance BC.*

### *How can my Dad make a smooth transition from home to a dementia care facility?*

*Helen contacted the OSA about her concerns about her father, Sam. Sam was a 70-year-old senior who had been diagnosed with dementia five years ago. He had always been very physically active. He had been attending a dementia day care program that included regular walks and other types of exercise and he had especially enjoyed this part of the program. He was recently admitted to a special dementia care unit in residential care, and found that the planned recreational activities were geared to less active, frail seniors. He was on a limited income and could no longer afford the fees to attend the day care program. The OSA arranged a meeting with the health authority and the manager of the dementia care unit to discuss the issue of program planning for younger, more active seniors with dementia. The Manager informed the OSA that they were working on a tailor-made care plan for Sam. The facility developed a care plan where trained volunteers accompanied Sam on daily exercise walks and assisted him to attend dance classes. When his daughter was consulted about this proposed idea, she thought this plan would meet her dad's needs and was happy with it. These activities helped Sam to continue with planned regular exercise and helped him to make a smooth transition to the new facility. The facility benefited because they became more attuned to adjusting recreational programming to meet the residents' unique needs, especially the needs of younger, more active seniors.*

### *Senior requests assistance with a tenancy issue*

*Jack contacted the OSA requesting assistance with a tenancy issue regarding the safety and security of his motorized scooter at the non-profit supportive housing complex where he lived.*

*When he moved in, he was given a key to the secure scooter lock-up area in his building so that he could park his scooter there. He had been unable to access this area due to lack of space because a snow blower was being stored there. The building manager advised him to park his scooter in the underground parking area. His scooter was vandalized several times and now the lock on the secure area has been changed. Jack has filed a police report about the latest incident with his scooter.*

*The OSA contacted the legal program at the BC Centre for Elder Advocacy and Support and they confirmed that they could offer assistance with this issue.*

*The OSA gave Jack the contact information for the legal program and also provided him with contact information for the Residential Tenancy Office.*

Many of the people contacting our office, particularly those contacting us by telephone, raise issues that result in a referral to another agency or service that can provide further help. The table below provides a list of the agencies and services that are referred to most frequently.

| Referrals Made to Other Agencies | % |
|---|---|
| Patient Care Quality Office | 17.6% |
| Health Authority Home & Community Care | 16.3% |
| Medical Services Plan & PharmaCare | 9.6% |
| Better at Home | 7.3% |
| BC Housing | 6.6% |
| BC Centre for Elder Advocacy & Support | 4.6% |
| Legal Services | 3.9% |
| Service Canada | 3.8% |
| Ministry of Social Development and Social Innovation | 3.4% |
| Residential Tenancy Branch | 3.0% |
| BC Dental Association Low-Cost Clinic | 2.6% |
| College of Physicians & Surgeons | 2.2% |
| BC Ombudsperson | 2.2% |
| Other Government Agencies | 10.5% |
| Other Consumer Groups | 3.1% |
| Local Service Providers/Organizations | 1.8% |
| All Other | 1.5% |

## Website input form and information gathering

The OSA website, www.seniorsadvocatebc.ca, features an "input form" that invites individuals to connect with the OSA about:

- Issues that impact a large number of seniors that should be brought to the attention of the OSA
- Ideas, solutions and comments related to those issues

The input form includes the following information:

- Location by postal code, to help us understand where the issue is of concern
- Information about the submitter's housing situation and whether the individual is living in an urban, rural or remote location
- If desired, contact information of the submitter to enable the OSA to follow up for further information

The form welcomes individuals to call the OSA directly should they require specific assistance with an issue. The website also provides fax and email contacts for seniors, their families, and those who work with seniors to submit information and requests through those channels.

Although the OSA receives fewer input forms compared to other sources of feedback from the public, this method provides an opportunity for thoughtful input on issues.

A number of thematic issues were raised through online submissions:

- **Aging in place:** A number of submissions expressed the need for adequate and flexible in-home care so that seniors could stay in their homes and age in place in their later years.
- **Non-medical support services:** Submitters told the OSA that although there were some non-personal care supports like housecleaning available in the community, not everyone met the strict criteria to qualify for the services and these programs were not universally available across the province.
- **Hospital discharges:** Some submitters expressed concerns about the perceived lack of discharge planning when a senior was discharged from hospital. Often the senior or their family did not feel the senior was ready to be discharged and necessary supports like medical equipment were not in place before the senior returned home.
- **Accommodating changing needs:** Family members told us about the difficulties their loved ones experienced when their care needs increased and they were required to move to a different facility. In other situations, residents required less care, but the option to move from residential care to assisted living was not available. Families urged that settings be able to accommodate changing needs when residents are declining and that there be options for residents with improved levels of functioning to move to a lower level of care.
- **Feedback from health professionals:** A significant number of input forms were received from health professionals who wanted to bring forward concerns that they were observing or were aware of in their practise. They expressed a need for more home support services and better access to medical equipment for seniors, to keep them safe at home. They urged that frontline workers like Community Health Workers (CHWs) be consulted and listened to, regarding safe in-home care. CHWs were often the first to notice the client's declining abilities and knew when clients required mobility assessments and equipment and easily removable clothing for safe care delivery. Health professionals also suggested increasing staffing levels in care homes and increasing the number of residential care beds. They urged employers to treat care aides and CHWs with respect for the hard work they do and make improvements in their working conditions. Health professionals suggested more dieticians be employed by Home and Community Care Programs and a more interdisciplinary and holistic approach be used for seniors living at home with chronic diseases. They stressed the need for more transportation services and more psychogeriatric outreach for seniors living in rural areas. They also identified the important issue of seniors caring for disabled adult children because other suitable alternatives are not available.
- **Medical Equipment:** Several submissions addressed the issue of the availability of funding for medical equipment for seniors. They felt that many seniors on limited incomes could not afford the medical equipment that they required to live safely at home. One writer suggested that other provinces had successfully addressed this issue and that B.C. investigate this further

and follow their good practices. One writer suggested that there be a way for seniors to access the equity in their homes without a reverse mortgage.

- **Income Supports:** Writers identified the lack of awareness by many seniors of the benefits and income supports available to them. One suggestion was that the Shelter Aid for Elderly Renters (SAFER) program and other income-related benefits be triggered at the time that the senior files their income tax and that they be informed of what they are eligible for at that time.
- **Transportation:** A number of submissions identified the high cost of a monthly bus pass for seniors who are low income but do not qualify for the $45 per year annual bus pass program. They expressed the need for reductions in the cost of seniors monthly bus passes for low-income seniors based on income. Another writer suggested that reduced rate bus tickets for seniors be reinstated.

# Monitoring B.C.'s Seniors' Services

The *Seniors Advocate Act* mandates that the Advocate is responsible for monitoring the provision of seniors' services in the areas of health care, personal care, housing, transportation and income supports.

In 2015/16, The OSA undertook centralized tracking and reporting on key services to seniors. The OSA gathered data from ministries, health authorities, and service providers as well as through surveying seniors directly. Key data were shared with the public to enable seniors and their families to make important decisions, and to inform service improvements by service providers. The OSA's monitoring work will serve as a baseline against which to measure seniors' services in future years.

## Surveys of clients of home support, residential care, and HandyDART

To fill the gap in complete, current, and standardized data about seniors' services that is comparable across B.C., the OSA committed to conducting a series of three independent client surveys: home support, residential care, and HandyDART. The home support survey was conducted in 2015, the residential care survey will launch in the spring of 2016, and planning for the HandyDART survey is underway.

1) **Home Support Survey:** In the fall of 2015, the OSA sent a mailout survey to approximately 22,000 recipients of publicly funded home support services. The survey asked a range of questions about clients' quality and experience of care and provided the opportunity for open-ended comments on their service. Clients were also sent a separate family survey which they could give, at their discretion, to a family member or informal caregiver to answer. The survey generated a wealth of data which has been linked with health assessment data and is currently undergoing in-depth analysis. The results of the survey will form part of a broader report on home support services which will be shared publicly in 2016.

2) **Residential Care Survey:** As this survey aims to give a voice to every single resident and their most frequent visitor living in publicly funded residential care facility in B.C., it represents the OSA's largest project to date. The resident survey will be conducted as an in-person interview, with over 27,000 residents being invited to participate. A matched survey will be mailed to each resident's most frequent visitor. The resident interviews will be conducted by trained volunteers in over 300 facilities across the province. In 2015, the OSA and project partners at the BC Patient Centred Experience Measurement Working Group laid the groundwork for a scientifically rigorous, provincially standardized approach to administering the OSA's Residential Care Survey. Two survey tools were selected by a representative expert consultation group and tested with residents and most frequent visitors. A volunteer recruitment, training, and coordination strategy was developed in consultation with volunteer management experts in each region of B.C.

   The project has received all necessary privacy and information security approvals

to ensure that residents and most frequent visitors can have confidence that their frank and open opinions will remain confidential.

The surveys have also been translated into the nine languages most common amongst our residents, and volunteers are being recruited to allow the interviews to be conducted in the language the resident is the most comfortable in.

We began to work directly with facilities on coordinating the logistics of the survey and identifying survey dates for each location. Marketing and communications planning will ensure that residents, family, frequent visitors and staff get the information they need about the survey before it launches. The survey is underway and will roll out in phases across the province between May and November 2016. We intend to have results ready to share publicly in the first half of 2017.

3) **HandyDART Survey:** Planning is underway to conduct a mailout survey of HandyDART clients across B.C. Both TransLink and BC Transit HandyDART clients will be surveyed. The development of the survey tool will be informed by a consultation group of experts that represent service providers, bus drivers, unions, community groups and clients, that reflect the differences between urban and rural services. The OSA intends to launch the survey in the fall of 2016. The survey results will be combined with administrative and operational data such as that included in our 2015 *Monitoring Seniors' Service* report, which will help inform a broader review of transportation services for seniors in the province.

Together these surveys will provide the OSA, service providers, communities and the public with robust quantitative and qualitative data on their clients' current service experience, as well as opportunities to improve those services from a client-centred perspective. The OSA will share the results of these surveys and reviews publicly, to enable evidence-based discussions between all stakeholders.

*Media attend release of Monitoring Seniors' Services report on January 27, 2016.*

## Sharing key indicators on seniors' services with the public

Throughout 2015/16, the OSA collected a substantial amount of data from ministries, health authorities, service providers, and organizations providing services to seniors in each of the OSA's five mandated areas. The data collected has been useful in informing a number of the OSA's reports and in identifying future areas for study, however, it was primarily collected in order to produce the OSA's ***Monitoring Seniors' Services 2015*** report. This report was publicly released in January 2016 with the objective of providing information in a centralized manner to the public on important services, normally collected for internal purposes and not readily available.

The inaugural Monitoring Seniors' Services report marks the beginning of a yearly update on key seniors' services in the province, highlighting where seniors' needs are being met, and where improvements are most needed. The report focuses on 2014/15 data and will serve as a point against which changes to seniors' services can be tracked and measured. Highlights of the report included:

- Home support hours decreased in three out of five health authorities, while the number of clients increased in four out of five
- There are 943 individuals on the waitlist for a total of 4,430 subsidized assisted living units.
- There has been less than a 1% increase in the number of subsidized assisted living units since 2012
- The number of residential care beds in the province has increased by 3.5% since 2012, but the population aged 75 and over has increased by 10% during that time and the number of seniors placed within the 30-day target window has decreased from 67% to 63% in the past year
- 18% of licensed residential care facilities did not have a published annual inspection within the last year
- In the 10-year period between 2005 and 2015, the Shelter Aid for Elder Renters (SAFER) maximum rent that qualifies for a subsidy increased 9% while rents increased by 34%
- The number of new HandyDART users is decreasing – down 15% since 2011. 51, 926 (1.9%) of regular HandyDART ride requests went unfulfilled in 2014
- Income supports for seniors such as the Old Age Supplement and Guaranteed Income Supplement increased by 1%. The BC Seniors' Supplement, available to low-income seniors, has not increased in over 25 years
- The number of people aged 65 plus accessing the BC Bus Pass Program (offers subsidized passes to low-income seniors and individuals receiving disability assistance from the province) has increased by 21% since 2010
- In 2014, 33%, or 48,840 of all drivers evaluated under the Driver Medical Examination Report (DMER), an evaluation for fitness to drive, were aged 80 or over. Only 1% of people of all ages or less than 3% of seniors evaluated through a DMER were referred to DriveAble for cognitive assessment
- The Seniors Abuse and Information Line (SAIL) received 1,286 calls related to elder abuse in 2014 and 15% of these calls reported the abuse had been going on for five or more years

## Developing and improving data related to seniors' services

In 2014/15 it became apparent that while a large amount of data is generated and gathered by government, health authorities, service providers, community organizations and others, there are a number of areas where data collection and reporting processes are not standardized across the province. This can limit the extent to which some issues can be addressed at the provincial level, or in ways that ensure the same services and quality are available to all seniors in B.C. In 2015/16, the OSA supported the development of more standardized data generation and reporting, in particular in the areas of reporting serious incidents in residential care settings and full-scale use of required health assessment tools.

Currently in B.C., publicly funded residential care facilities are governed by either the *Community Care and Assisted Living Act* or the *Hospital Act*, and their respective regulations. Each of these Acts lays out different definitions and requirements for the reporting of serious incidents in the facilities they govern, for example a fall, medication error, or resident to resident aggression leading to harm. The OSA found that the different reporting standards makes it difficult to quantify the number of incidents, as well as the type of incident, its severity, and the actions taken by staff to remedy it. The OSA has begun to work with the health authorities and the ministry of health to emphasize the need for all residential care facilities to use the same reporting requirements, so that systemic incident issues can be understood, assessed, and addressed. This work will continue in 2016.

The OSA has also encouraged health authorities, residential care facilities, and staff to regularly and thoroughly conduct the client health assessments required, as they represent an important mode of understanding service quality and appropriateness. In B.C., the Ministry of Health mandates the use of internationally developed and standardized health assessment tools to assess clients' health and care needs, and to determine the services they receive. The tool used with home care clients is the interRAI-HC, while in residential care the interRAI-MDS2.0 is used. The data generated from these assessments has become a fundamental source of evidence for many of the OSA's reports, at the health authority, provincial, and national level. Bringing health assessment data into the public domain enables seniors' services to be understood, discussed and improved.

# Reporting

As part of the mandate of the Office of the Seniors Advocate, regular reports on systemic issues affecting seniors are created and disseminated. These reports highlight key issues facing seniors and make recommendations to government and seniors' service providers for further action. Summaries of the reports that were either published in 2015/16 or for which substantial work was completed within the year are presented below. The full documents of published reports can be found under "Reports & Publications" on the OSA website, www.seniorsadvocatebc.ca.

## May 2015

## *Seniors' Housing in B.C.: Affordable. Appropriate. Available.*

In May of 2015, the OSA released its first systemic review of housing issues. Approximately 450 people attended the report's launch either in-person in Vancouver or via teleconference, highlighting the high importance of housing as an issue for seniors. In this report we focused on both homeowners and renters, as well as seniors living in assisted living and residential care settings. In each area we focused on the following three key issues:

- **Affordability** – are government financial supports meeting seniors' needs?
- The **appropriateness** of housing models that promote both independence and safety
- The **availability** of housing for seniors.

The goal of our housing review process was to emphasize some of the most pressing housing priorities for seniors living in British Columbia. The review made 18 recommendations aimed at four different ministries of the provincial government. Six months after the release of this report, the OSA began its follow-up process. In March 2016, the Minister of Health introduced amendments to the *Community Care and Assisted Living Act* in response to several of the OSA's recommendations. The proposed amendments would remove the current limitation on assisted living residences that allows them to provide a maximum of two services out of a list of six prescribed services. As the OSA report discussed, removing this limit on the services a residence can provide will enable seniors to remain in assisted living longer, and avoid premature transitions into residential care. In 2016/17 the OSA will continue to follow up with government and service providers on progress made on other recommendations presented in this report.

*Health Minister Terry Lake anounces proposed amendments to the* Community Care and Assisted Living Act.

### September 2015

## *Caregivers in Distress: More Respite Needed*

The issue of caregiver workload was one of high importance to the OSA in 2015/16. In September 2015, the Advocate released the report, ***Caregivers in Distress: More Respite Needed***. The report confirmed that one-third of unpaid caregivers in B.C. are in distress, one of the highest rates in Canada. Evidence in the report highlights that 97% of seniors enrolled in the home support program, arguably some of B.C.'s frailest seniors, have an unpaid caregiver in their life. Data shows that over half of these seniors have the same level of complex care needs as those who live in residential care, underscoring how challenging these caregiver roles can be. Other findings included:

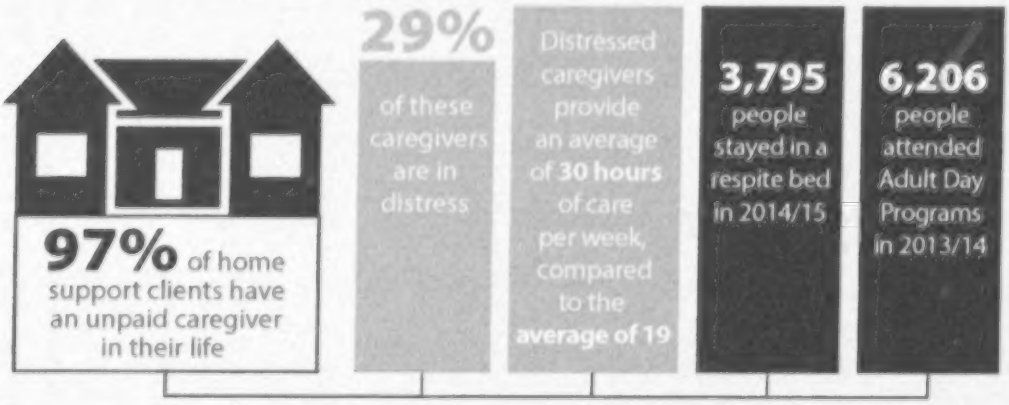
- Unpaid caregivers provide an average of 19 hours of care per week. This increases to 30 hours per week for caregivers in distress.
- 54% of caregivers are caring for persons with complex needs, and thus would benefit from respite services such as an adult day program, home support or respite bed, yet of this group, only 8% used an adult day program in the last seven days, only 49% used home support in the last seven days and only 11% used a respite bed in the last year.
- Clients with a distressed caregiver are less likely to have received a home support visit in the last seven days than clients without a distressed caregiver.

### March 2016

## *British Columbia Residential Care Quick Facts Directory*

In talking with seniors and their families across B.C., the OSA found that many were considering residential care but finding it hard to get enough information about the options available to them. This echoed past findings from the Office of the Ombudsperson identifying the need for a centralized source of information on residential care facilities in the

### Caregiver Support


97% of home support clients have an unpaid caregiver in their life
29%
of these caregivers are in distress
Distressed caregivers provide an average of 30 hours of care per week, compared to the average of 19
3,795
people stayed in a respite bed in 2014/15
6,206
people attended Adult Day Programs in 2013/14

province. To meet this need, the OSA published the ***British Columbia Residential Care Quick Facts Directory*** in March 2016. The Directory provides standardized information on 292 publicly funded facilities in B.C. in a number of areas, including:

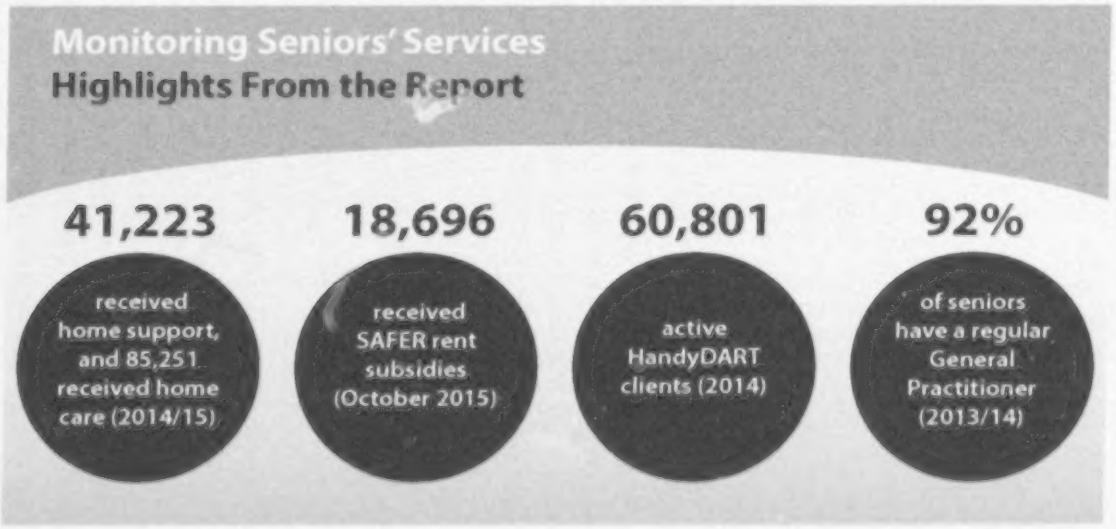
- Address, age of facility, regulation/ legislation, accreditation status, bed/room information
- Food services, nursing, allied health (physio, occupational, recreation, speech and language therapies, social work services) and total funded direct care hours per resident per day
- Current languages spoken, contact for complaints, type of resident or family council
- Date of last inspection/reason for inspection
- Number of serious adverse events reported if *Hospital Act* facility; quantity and type of reportable incidents if *Community Care and Assisted Living Act* facility
- Care Services and Quality Indicators as reported by the Canadian Institute for Health Information by facility and compared to the B.C. average. For example, the percentage of residents diagnosed with depression vs. percentage of residents receiving depression medication, and percentage of residents who have taken antipsychotic medications without a diagnosis of psychosis

Further analysis on the Directory information indicated that the majority of residential care facilities were below the provincial guideline of 3.36 direct funded care hours per resident. In response, the Minister of Health has called for an in-depth review of direct care hours and staffing in B.C. facilities, a priority area for further investigation by the OSA. The Directory will be updated on an annual basis to remain a relevant starting-point resource for seniors and their families as they consider their long-term care options.

## Reports Prepared for Release in 2016/17

Over the 2015/16 fiscal year, research was conducted for two further reports that will be released later in 2016. One report investigates incidents of resident to resident aggression in residential care facilities, a priority issue identified through the OSA's ***Monitoring Seniors' Services 2015*** report. Work on this issue has involved analysis of individual incident case file reviews by health authorities to determine what, if any, patterns can be seen in the facilities with higher rates of incidents. Through this report, the OSA will identify potential factors both contributing to and mitigating incidents of aggression, and make recommendations for how we can reduce aggression and the harm it causes our residents in care facilities.

The second upcoming report is a review of the home support program in B.C. This report will include findings from the home support survey and health assessment data, as well as a closer look at the various service policies and administrative procedures in place across each health authority. The report will include a number of recommendations, with a focus on how we can better deliver the same level and quality of home support services to all clients across the province.

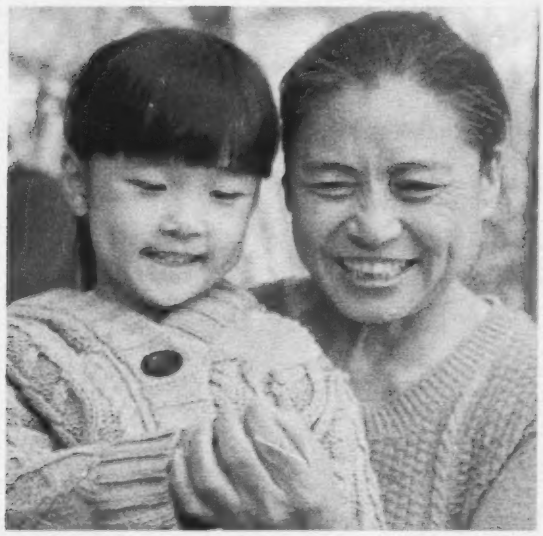


# Initiatives to Address Systemic Seniors' Issues

In addition to publishing in-depth reports, the Seniors Advocate also addresses issues relevant to seniors in B.C. through more focused editorials and news releases. This can be an effective way to reach a large number of seniors who may not be aware of an issue or of potential services available to them, and can also result in rallying government and service-provider attention and resources to time-sensitive issues.

## Voting in the Provincial Election

In September 2015, the Seniors Advocate wrote to the CEOs of BC Transit and TransLink regarding their role in helping their HandyDART clients get to and from the provincial election polling stations and providing information to their clients regarding the voter ID they would need to bring with them. A letter was also sent to each residential care facility in B.C. about the changes to the voter ID requirements, how the facilities could help their residents have the right ID documents at hand, and that mobile polling stations could be requested for their site. Every senior has a right to vote in B.C., and the OSA and seniors' service providers have a role in ensuring seniors have the means to exercise this right in as accessible a way as possible.



## National Seniors Day 2015

On October 1st – the International Day of the Older Person and National Seniors Day – the Advocate released an op-ed encouraging a celebration of seniors across B.C. While much of the OSA's work focuses on the issues seniors in this province face as they age and how these can be addressed, we also see incredible courage, adaptability and selflessness that deserves acknowledgement and appreciation from our communities. Sharing stories to illustrate the extraordinary qualities of seniors in B.C. and the contributions they make to society is an ongoing part of our role through op-eds such as this one, as well as through community visits, presentations, and our social media channels.

## Public Transit Fee Structure

In December 2015, the Seniors Advocate met with the Victoria Transit Commission regarding their review of public transit fares in the Capital Regional District. She shared with the Commission concerns heard from

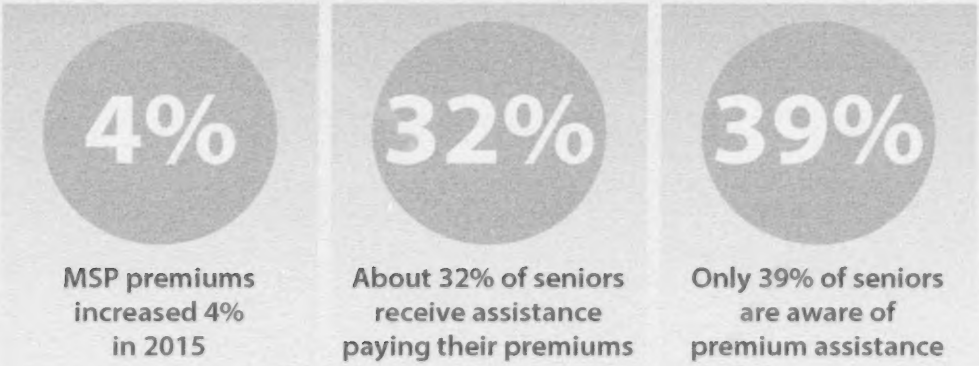
seniors regarding the current costs of public transit, and the loss of accessibility that a fare increase would cause. In its final decision, the Commission did not increase the cost of the monthly seniors bus pass. The Seniors Advocate will continue to advocate for a graduated bus pass that would align with ability to pay, and would help address public transit costs for seniors who have low incomes, but not low enough to be eligible for the $45 annual bus pass program.

## MSP Premium Assistance

In January 2016, the Seniors Advocate released a statement highlighting that many seniors are unaware of their eligibility to receive assistance in paying their monthly MSP premiums. The statement shared information about eligibility for the program and showed the significant financial benefit it could have for seniors and their families. The statement was picked up broadly by the media and reached a large number of seniors, many of whom contacted our office directly to figure out if they might have been paying more than they needed to out of their often limited income, simply because they did not know help was available. In addition to helping connect more low-income seniors to the subsidy they are entitled to, the OSA's work in this area also led to revisions to the Ministry of Health's online information about eligibility and how to apply, and to a broad media campaign launched by the Minister of Health to raise the public's awareness of MSP premium assistance. The OSA will continue to monitor this issue to track the increase in MSP premium assistance recipients, and to ensure that those the subsidy is designed to help are aware of it and able to access it easily.

Budget 2016 announced changes to MSP and premium assistance effective Jan. 1, 2017. The Province is investing an additional $70 million annually to enhance premium assistance. As a result of enhancing premium assistance in 2017, a single senior earning up to $45,000 may qualify for reduced premiums. A senior couple earning up to $51,000 may qualify for reduced premiums. This translates into a savings of up to $480 per year for a senior couple and $324 per year for a single senior.

### MSP Premium Assistance


4%
MSP premiums increased 4% in 2015
32%
About 32% of seniors receive assistance paying their premiums
39%
Only 39% of seniors are aware of premium assistance

# 2015-2016 OSA Operating Budget

The OSA spent $1.9 million in 2015/16 which was 62.1% of the total budget.

Expenditures focused on consulting with seniors in their own communities, conducting systemic reviews and reports with recommendations to government and service providers to address systemic issues and improve services to seniors, as well as planning and conducting provincially standardized surveys.

While resources for professional services associated with conducting systemic reviews, reporting, and surveys increased over last year, as was planned, we were able to realize significant savings in the costs associated with the planning, preparation and initial vendor costs for the province-wide residential care survey. In particular, significant professional services expenditures were avoided by successfully negotiating a vendor contract below estimated costs and also agreeing on a volunteer-based interview model for the residential care survey. Savings were also realized in conducting the province-wide home support survey. Home support survey preparation, mailing and data collection costs were below initial estimated costs which resulted in further savings under the Office, Business and Reporting Expenses category.

In fiscal 2016-17, the Advocate will be continuing with the process of hiring the remaining permanent full-time employees required for the full implementation of the OSA mandate, and completing the residential care and HandyDART surveys. These activities will result in more significant budget line items in 2016-17.

## Statement of Expenditures

| Expense Type | 2015-16 Budget | 2015-16 Actual |
|---|---|---|
| Salaries | 775,000 | 740,111 |
| Employee Benefits | 192,000 | 190,417 |
| Travel | 85,000 | 45,465 |
| Legal Services | 45,000 | 4,215 |
| Professional Services | 1,420,000 | 620,157 |
| Information Services | 79,000 | 73,339 |
| Office, Business and Reporting Expenses | 484,000 | 254,578 |
| Building Occupancy Charges | 25,000 | 0 |
| TOTAL EXPENSES | 3,105,000 | 1,928,282 |

# Council of Advisers to Guide Advocate

The Office of the Seniors Advocate is guided in its work by a volunteer Council of Advisers (COA). The 30-member Council is made up of a diverse group of seniors representing each of the province's five health authorities. The Advisers provided invaluable feedback to the OSA this past year. During two in-person meetings, they assisted in prioritizing issues based on what they continue to hear from seniors in their home communities. They also engaged in strategizing approaches to upcoming reports and projects.

Two COA sub-committees were formed in 2015/16. The Federal Working Group Sub-committee worked together over several months to prepare a submission for the new Federal Government highlighting issues of importance for B.C. seniors. A second sub-committee focusing on multi-cultural issues affecting seniors was also formed. This sub-committee is currently collecting feedback from both service providers and seniors in various areas including long-term care and hospital settings, identifying where cultural sensitivity could be improved.

COA members have also represented the OSA at a number of events in their communities, as well as larger conferences such as the Union of BC Municipalities conventions.

*BC Office of the Seniors Advocate Council of Advisors, March 2016.*

# The Council of Advisers

## Fraser Region – eight representatives

**ML Burke**, Delta; volunteer, Delta Seniors Planning Team; helps seniors navigate B.C.'s health system for services and housing; spent 15 years with Vancouver Coastal Health managing volunteer programs for seniors.

**Bev Kennedy**, Agassiz; semi-retired museum curator; chief elections officer, district of Kent; district electoral officer for Chilliwack-Hope; member of the Agassiz-Harrison Healthy Communities Committee.

**Leslie Gaudette**, Langley; retired epidemiologist; former manager, chronic disease treatment and outcome monitoring, Public Health Agency of Canada; senior analyst, Canadian Cancer Registry, Statistics Canada; vice president, Langley Players Drama Club.

**Charan Gill**, Surrey; co-founder, Canadian Farmworkers Union in 1978; founder (1987) now CEO, Progressive Intercultural Community Services (PICS); awarded the Order of B.C. and the B.C. Human Rights Award.

**Val Windsor**, Delta; co-chair of the Delta Seniors Planning Team; Delta School District trustee; 40 years in education, including 32 years as a classroom teacher. Passionate about seniors' housing, transportation and non-medical services.

**Bob Ingram**, Mission; 35 years in public service; education consultant; president of Mission Seniors Centre Association, Mission Community Services Society and Mission Association for Community Living; 2014 Citizen of the Year Award.

**Kay Dennison**, Delta; coordinator, Delta Seniors Planning Team; 17 years as supervisor of a community non-profit advocating for seniors' rights and independence; worked with seniors in areas of abuse, poverty, transportation and housing.

**Janet Lee**, Burnaby; immigrated to B.C. from China in 1963; hospital nurse for 30 years; volunteers with senior outreach for the Collingwood Community Centre; established a Chinese school in Vancouver in the 1980s.

## Interior – six representatives

**Donald Caskey**, Grand Forks; active community volunteer, B.C. Seniors' Games Society (B.C. 55+ Games), the local Red Cross Health Equipment Loan Program (HELP), the local hospice and the Kettle Valley Food Cooperative.

**Jennifer Coburn**, Savona; provincial president, B.C. Old Age Pensioners with 37 B.C. chapters; advocates for seniors' needs and lobbies for changes in the province.

**Ralph Fossum**, 100 Mile House; retired notary public; member, Rotary Club; director, South Cariboo Health Foundation; councillor, District of 100 Mile House; volunteers with seniors and at community events.

**Broc Braconnier**, Kelowna; Professional Engineer; retired senior Canadian Forces Officer and former CEO of a BC post-secondary training institute, currently serving on several boards including BC Condomonium Homeowner Association, Central Okanagan Community Futures Development Corporation, among others.

**Wade Ireland**, Kelowna; figurative art model, actor; an experienced seniors' peer support worker; volunteered with seniors and disabled people in B.C. and Manitoba.

**Walter Popoff**, Krestova, Slocan Valley; director on the Regional District of Central Kootenay; vice chair, West Kootenay Boundary Regional Hospital District; executive of the Slocan Valley Seniors Housing Society.

## Northern – three representatives

**Barry Cunningham**, Prince Rupert; former pollution response officer, Canadian Coast Guard; elected in 2013 to Prince Rupert city council; director, Regional District Hospital Board; advocate for suitable housing for seniors.

**Anne Hogan**, Prince George; former regional district administrator; housing research volunteer for the Prince George Council of Seniors; 2009 Masters thesis from the University of Northern British Columbia on seniors' housing, health and social inclusion in the city.

**Linda Pierre**, South Hazelton; elected to Regional District of Kitimat-Stikine; serves on the North West Regional Hospital District; instructor at Northwest Community College, blending Aboriginal worldview with modern workforce challenges.

## Vancouver Coastal – seven representatives

**Stuart Alcock**, Vancouver; president of the 411 Seniors Centre Society; experience in health care, constituency assistance, legal aid management, social work and child and youth care counselling.

**Mohinder Grewal**, Richmond; Council of Senior Citizens Organizations of B.C.; former executive director, Sikh Professional Association of Canada; director, Vancouver Multicultural Society; president (twice), National Association of Canadians of Origins in India.

**Trudy Hubbard**, North Vancouver; president Kiwanis Seniors Housing; former executive director, North Shore Volunteers for Seniors; member, College of Occupational Therapists of B.C.; manager, B.C. Centre for Non-Profit Development.

**Sue Jackel**, Sechelt; taught Canadian studies and women's studies, University of Alberta; community volunteer, housing, economic development, seniors services, and community care.

**Ihsan Malik**, Richmond; 40-year member, Pakistan Canada Association, served as trustee, public relations director, secretary, and president; advocates for immigrant and refugee seniors' issues such as language barriers, transportation, housing and more.

**Jennifer Shaw**, Vancouver, retired gerontologist; former executive director of the West End Seniors Network, 1991-2004; chair, 1998 National Conference of the Canadian Association of Gerontology; fundraiser for a new hospice in Vancouver.

**Bill Yuen**, Vancouver; retired professional engineer; former school board trustee; chair, Employment Insurance Appeal Board; chair, special advisory committee, Ministry of Advanced Education; Regional Transition Council, Ministry of Children and Family Development.

## Vancouver Island – six representatives

**Marylin Davies**, Courtenay; elected to Terrace city council, 2001-2008 and 2011-2014; first chair, Northern Medical Trust; First Nations liaison; former music instructor and music examiner for Western Board of Music, Alberta.

**David Lai**, Victoria; former professor, geography, University of Victoria; research affiliate, Centre on Aging; advisor, Victoria Chinese Seniors Association and Victoria Chinese Senior Activities Centre; member, Order of Canada; Honorary Citizen, City of Victoria.

**Bob McWhirter**, Salt Spring Island; former teacher, school district administrator; board member, Greenwoods Eldercare Society; president, Gulf Islands Retired Teachers Association; president, Salt Spring Island Historical Society.

**Gail Neely**, Port Alice; chair, Seniors/Elders Better Living Advisory Committee to the Mount Waddington Health Network; represents both First Nation and non-First Nation communities; former mayor, Port Alice.

**Buncy Pagely**, Saanichton; opened first Multicultural Women's Centre in Victoria; Canada's first model Diabetes Centre on the Songhees Reserve; winner, Women of Distinction Lifetime Achievement Award; Honorary Citizen Award from the City of Victoria.

**Bob Willis**, Nanoose Bay; former air traffic controller; president, Nanaimo and Area, National Association of Federal Retirees; assists 2,000 members through committees, coordinating volunteers and member outreach.

*Council of Advisors working group members*

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